ŧ

Please type a plus sign (+) inside this box

PTO/SB/(08/00)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No. 740119-98 First Inventor or Application Identifier Knud Erik BÆJGAARD

David S. Safran

Name (Print/Type)

Signature

Title: ELECTRONIC STETHOSCOPE

Conty for new nonprovisional applications ander or or fit	Express	Mail Label No.	
APPLICATION ELEMEN See MPEP chapter 600 concerning utility patent		ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. [] Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing for the processing for t	Total Pages [19] Total Sheets [5] Total Pages [] R 1.63(d)) 7 completed) g ication,	(Appendix) 8. Nucleotide and/or Amino Acid (if applicable, all necessary) a. [] Computer Readable Cop b. [] Specification Sequence I i. [] CD-ROM or CD-R (ii. [] paper c. [] Statements verifying ide	oy Listing on: 2 copies); or nitity of above copies APPLICATION PARTS or sheet & document(s)) It [] Power of Attorney Internent [] Copies of IDS Citations (MPEP 503) Inized) Jocument(s)
17. If a CONTINUING APPLICATION, chec Data Sheet under 37 CFR 1.76: [] Continuation [] Divisional [X] Co Prior application information: Examiner For CONTINUATION OR DIVISIONAL APPS only under Box 5b, is considered a part of the discloby reference. The incorporation can only be reli	ntinuation-in-part (Ci : V. CHANG : The entire disclosur ssure of the accompar led upon when a portio	P) of prior application No. Of Group/Art Unit: Group/Art Unit: e of the prior application, from which the prior application or divisional application or divisional applications.	3/793,622 filed February 28, 1997 2747 th an oath or declaration is supplied blication and is hereby incorporated
[V] Customer Number of Per Code Label 20004	io. Connegration	DENCE ADDRESS	ar (V) Company address address below
[X] Customer Number or Bar Code Label 22204			or [X] Correspondence address below

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Palent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Zip Code: 22102 FAX (703) 883-0370

Registration No. (Attorney/Agent) 27,997

Date: October 16, 2000